

Terre Haute, Indiana 47809 Phone: 812-237-2832 Fax: 812-237-2729

Dear Superintendent,

Indiana State
University

As you are aware, bullying is an issue that has drawn increasing attention throughout the last few years. In order to gain a better understanding of the dynamics of bullying within the state of Indiana, a group of faculty and students within the Counseling Program at Indiana State University are conducting a study that examines bullying at the Middle School level in our Indiana school systems. The results of this study will help give a snapshot picture of this issue within our state and possibly will help to develop more effective programs to address and prevent bullying. What is needed is for schools within the state to partner with us. We would like to survey teachers, students, and their parents on the issue and their knowledge of bullying.

We have been in contact with Mr. Gary Green, Director of Student Services with the Indiana Department of Education, who has allowed us to send this letter of invitation to you. We are now asking for your help. During the first two weeks of March we would like to distribute and collect surveys. Your school system's help in this matter would be greatly appreciated. If possible, we would like for your physical educators and/or health, music, and art teachers to distribute and collect the survey packets for students and parents during their respective classes. All individual information or identifying information obtained in connection with this study will remain confidential. Confidentiality will be maintained by means of a code number to allow cross-referencing. Information received and reported will be produced as group information to allow a clear snapshot of the state of Indiana schools on the issue of bullying.

If you would agree to allow us to invite your Middle School/Junior High School teachers, students, and parents of students to participate, please sign the approval consent form allowing your school's participation on the next page and return via FAX (812-237-2729) or email to Kathy.Ginter@indstate.edu. We are attaching a copy of the student survey for you to examine.

If you have any questions in this matter, please contact us via email at <u>Kathy.Ginter@indstate.edu</u> or <u>vbothwell2@indstate.edu</u>, or you may reach me (Dr. Kathy Boone Ginter) at the ISU Student Counseling Center at 812-237-3939. We will be happy to answer any questions that you might have.

We realize that you will be going on break soon, therefore we will be sending out a reminder invitation letter at the beginning of January. We do feel this is a noteworthy project addressing a very significant issue. Your help is essential to our success and we do appreciate your willingness to be a part of this important research.

Thank you in advance,

Dr. Kathy Boone Ginter Valerie Bothwell Dr. Bridget Roberts-Pittman Dr. Michele Boyer, Chairperson CDCSEP Indiana State University Terre Haute, IN 47809

By checking the statement below, dating and signing (or typing) your name and school system, you are indicating that you are willing to allow your Middle School teachers, students and parents to be invited to participate in this project. Please return this form by email to Kathy.Ginter@indstate.edu or by FAX to 812-237-2729, ATTN: Kathy Boone Ginter.
I grant permission for my Middle School teachers, students, and parents to be invited to participate in the Bullying study that will be conducted during the month of March, 2011.
Signature of Superintendent
Printed Name of Superintendent
School System
Date

Survey on Knowledge of Bullying Student Version

Grade							
5 6 7	8 9						
YToxOntzOj	g6 F:						
Gender							
Male Fem	ale						
YToxOntzOjo	g6IF:						
Ethnicity							
Caucasian	African	Native		Hispanic			
(White)	American	Indian	Asian	Chicano	Latino	Multi-ra	icial Other
	(Black)			(Mexican)		-	-
YToxOntzOj	g6IIF						
Have you e	ver been bu	llied?					
Yes No							
YToxOntzOjo	6 I F						
If yes, did y	ou report/te	ell anyone	about being	bullied?			
Yes No	-	·	_				
YToxOntzOjo	6 F						
Who did yo	ou report/tel	l about bei	ng bullied?	Check all that	apply		
Friend(s)Te	-		-		11 7		
1	QID2	1 2	2	MC	SAHR	TX	
Have you e	ver taken pa	art in bully	ing or bullie	ed another pers	on?	,	
Yes No	1	J	C	1			
YToxOntzOjo	6 F						
Do you par	ticipate on a	nv athletic	team(s)?				
Yes No	p o v	,	(5)				
YToxOntzOjo	6 F						
ļ		hullving or	hazing eve	r occurred on t	hat team?		
Yes No	, t,pc or t	, 01		coodined on t	wiii.		
0 0							

How often l	nave you be	en bullied?								
Never	Once a Year or Less	Several Times a Year	Once a Month	2-3 Times Month	aOnce a Week	2-3 Times a Week	^a Daily			
				•						
Where does	the bullying	g take place	? Check a	all that apply						
ClassroomHallway Cafeteria Gym Internet/phoneBathroomBus Locker Never										
		П				Room	happened			
1	QID9	1 2 3		MC	MAHR	TX				
Have you ev	ver experien	ced any of	the follow	ing types of pl	hysical bully	ing? Check	all that			
apply	1	•								
Pushing/shoving Stealing		lling	Fighti	ng	Assault with a weapon		Never happened			
1	QID10	1 2 3	3 4 5	MC	MAHR	TX				
Have you ev Jokes/teasin	_	-	the follow ossiping	ing types of vo		g? Check al happened	l that apply			
1	QID11	1 2		MC	SAHR	TX				
Are there ar Yes No You TroyOntzOjo		ntervention	programs	in your schoo	l to prevent o	or address bu	llying?			
1	QID12	1 2		MC	SAHR	TX				
If YES, do			ng?	IVIO	OATIIT	17				
Yes No	you icei iiie	y are worki	ng:							
YToxOntzOjg)6 F:									
1	QID13	1 2		MC	SAHR	TX				
If NO, would	ld you like a	program to	be imple	mented in you	r school?	ļ.				
Yes No	•	1 0	-	·						
YToxOntzOjg)6IIF:									
1	QID14	1 2 3	3 4	MC	MAVR	TX				
What things	do you thir	nk would st	op bullying	g at school? C	Check all that	apply				

• School rules against bullying behaviors

- Bullying prevention programs
 Teachers/administrators and/or counselors
- Nothing can be done to stop people from bullying